

PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: Mail

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GATEWAY, INC.
ATTN: Jeffrey A. Proehl
610 GATEWAY DRIVE, MS Y-04
N. SIOUX CITY, SD 57049

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Lori Bulware (Depositor's name)
Lori Bulware (Signature)
October 26, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/313,916	05/18/1999	Theodore David Wugofski	P1334US00	4454

TITLE OF INVENTION:

SYSTEM FOR IDENTIFYING THE INTERCONNECTION OF PERIPHERAL DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$0	\$1370	11/19/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SORRELL, ERON J	2182	710-008000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Suiter - West

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GATEWAY, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

IRVINE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 2

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge (the required fee(s), or credit any overpayment, to Deposit Account Number 50-0439, (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

October 26, 2004

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02 FC:8001

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PTOL-85 (REV. 04-02) Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

**Gateway**TM**F A X**

610 Gateway Drive Mail Drop Y-04, North Sioux City, SD 57049-2000

Law Department
Intellectual Property
Mail Drop Y-04

Date: October 26, 2004

Pages: - 2 -
(Including Cover)

To:	MS Issue Fee
Dept./Co.:	U.S. Patent Office
Fax:	703.746.4000
Phone:	
CC:	
From:	Jeffrey A. Proehl, Reg. No. 35,987
Fax:	605-232-2612
Phone:	605-232-1967
RE:	Pat. App. No. 09/313,916 (Docket # P1334US00)

MESSAGE:

Transmitted herewith please find:

Part B - Fee(s) Transmittal;

CERTIFICATION UNDER 37 CFR §1.8: The undersigned hereby certifies that this correspondence is being transmitted, via facsimile, to the Commissioner of Patents, Washington, D.C., on the date indicated above, and to the proper facsimile telephone number, shown above.

Name: Lori Boulware

Signature: 

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